



VACATION EMPLOYMENT AGREEMENT

Please read the Vacation Work MOU (available on our website) for additional information and requirements.

This Addendum serves as a written modification to the Partner agreement between _____ and the Arrupe Corporate Work Study Program, Inc. (ACWSP) as provided in paragraph 2 therein of original contract. Pursuant to the terms of the Agreement, Partner agrees to provide work for _____, an ACWSP employee, for the days indicated below. The Partner agrees to pay the per diem flat rate of \$95.00. ACWSP will handle payroll issues and pay the student worker a per diem flat rate of \$85.00. Students will be paid bi-weekly, once the CWSP office receives student confirmation forms. Partner companies will be billed during the latter part of August, after all summer work is completed.

**** Any student required to attend summer school is not eligible to work during the summer vacation. ****

***Please note:** the schedule below is a preliminary agreement between the Partner Company and Student. Changes can be made as needed, and should be communicated directly between the student and supervisor. This document is not used for payroll purposes or for invoicing of the Partner Company. A separate Work Confirmation form will document actual days worked and will be used to issue paychecks and invoice companies.

The student is requested to work on the days indicated by an X (summer work is available June 4-July 27th only)

2018 JUNE						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

2018 JULY						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

In witness whereof, the parties agree to this modification as of the date indicated below:

PARTNER

Supervisor (Print Name) _____

Signature _____ Date _____

Phone and Email _____

Billing Contact/Department (please print) _____

Billing Address or Email _____

City, State, Zip _____

Billing Contact Phone _____

ARRUPE CORPORATE WORK-STUDY PROGRAM, INC.

A Colorado not-for-profit corporation

Vianney Bernhardt, Program Manager _____ Date _____

STUDENT and PARENT (All information is required)

Student Signature _____ Date _____

Date of Birth _____

Social Security Number _____

Telephone Number *(best number to reach you at during the summer)* _____

Email Address *(best email to send you information over the summer)* _____

Home Address _____

City, State & Zip _____

Parent Signature _____

**PLEASE RETURN THIS FORM TO CWSP
NO LATER THAN May 11, 2018**